



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 929</b>		DATE: <b>3/12/2025</b>	
COMMITTEE: <b>Professional Registration and Licensing</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ANGEL NOVEL SIMMONS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>3/12/2025 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>EMERALD JONES</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>egsnkk@umsystem.edu</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/12/2025 8:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

My name is Emerald Jones and I am a third year student at the University of Missouri St. Louis College of Optometry. I am also president of the Missouri Optometric student association and student liaison to the Missouri Optometric Association board. As third year students about to begin our last year in May, my classmates and I are starting to consider where we would like to practice in the future. One of the key factors that plays into this decision is the scope of practice in the states we are considering. For us this is important because over the last three years we have spent countless hours learning and honing our skills to provide our patients with the best care possible. To further show the importance of scope of practice for students, we polled the 4th, 3rd and 2nd year classes about their thoughts on the matter. Out of 175 students polled 75% say that scope of practice is influential when deciding where to practice. Only 35% of students plan on staying to practice in Missouri. When Missouri residents were polled 70% said they would consider leaving the state to practice elsewhere if scope of practice does not change. In addition, 44% of non-residents said they would consider practicing in Missouri if the scope of practice expands to the limit of our education. In conclusion, scope of practice must change to ensure that Missourians continue to have access to primary eye care providers in the future. Students and new graduates want to go where they are respected and are able to provide the highest level of care to patients that we are trained to do. Thank you for your time.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>EMERALD JONES</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>3/12/2025 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JEFFREY MARC GAMBLE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>jmgamble@socket.net</b>		ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>3/12/2025 8:19 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JULIE HART</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>hartfamilyeyecare@gmail.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/12/2025 8:23 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

March 12, 2025 Chairman Knight and Members of the Professional Registration and Licensing Committee, Thank you for allowing me to speak today. I am testifying in support of House Bill 929, which modernizes the Missouri Optometry Practice Act to include injections, eyelid lesion removal, and certain laser procedures for the front half of the eye. My name is Julie Hart and I am an optometrist in West Plains. I currently hold an optometry license in Missouri since 2006 and in Arkansas in 2023. I never had any intention of getting my Arkansas license until they passed their scope modernization bill in 2020. Before 2020, Missouri and Arkansas had similar scopes of practice; neither state could perform YAG, SLT or lesion removal. The Arkansas license I have, allows me to perform the procedures we are asking for in House Bill 929. After obtaining my Arkansas license my malpractice rates have not changed. My current office is only 25 minutes north of the Arkansas border. As the Missouri law currently stands, I am not allowed to perform these procedures in my office but I can take my patients across the state line to Arkansas to give them the care they need. Crossing a state line does not make me less qualified to remove a lesion or perform a YAG. Voting Yes on HB 929 will allow my patients to get more immediate care closer to home with a provider they trust. Julie Hart, OD, FAAO417-255-2010



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KELLY DEENING</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>3/12/2025 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MARK CURTIS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>mdcurtis2020@gmail.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/12/2025 8:15 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			
<b>I am in support of HB 929</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MARK SIEVERING</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>eagleswings23@outlook.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/12/2025 8:30 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

My name is Mark Sievering and I am here to testify in support of House Bill 929. In August of 2021, my wife and I were living in Nebraska where I had recently retired as a school superintendent. During a phone call with my mom, I discovered that my dad had a dermatologist appointment that week in Kirksville, which is approximately a 90 mile drive from their home outside of Mooresville, Missouri. Mom explained that Dad would be driving to the appointment, but afterward, she would need to drive him home. As I listened to my mom, I began thinking "what's wrong with this picture?" My then 95 year old dad was going to be driving 90 miles, and my then nearly 90 year old mother would be driving him home? When the conversation ended, I turned to my wife and said, "I think it's time (to move back)". In addition to my superintendent work, I had also served as a pastor for a few years. We hated to say goodbye to our church and our friends, but knew we needed to get back closer to our parents. (My in-laws are also still alive) At the end of 2021 we packed up and moved back to Missouri and live about 10 miles from my parents. Since moving back, we have logged several hundred miles taking Mom and Dad to and from various medical appointments. At 98, Dad is no longer able to drive at all, and at nearly 93 Mom's driving is minimal. We have made numerous trips to get them to appointments outside of our local area. As time goes on, the longer trips are beginning to be more difficult. I recognize that I am fortunate to be in a position to have the flexibility to help my mom and dad in this way. I also recognize that many elderly people don't have a family member or friend available to drive them to every appointment. Since returning to Missouri, my wife and I (and now my parents) have gone to Dr. Kelly Deering for our eye care. She has proven to be a fantastic choice for all of us, and we have complete trust in her abilities as an optometrist. My family would certainly welcome the opportunity to have her perform any procedure that she is trained to do rather than travel outside our area to have them done by someone we do not know. Older folks, especially in rural areas, should be able to access care from Dr. Deering and other optometrists they know and trust that are educated and trained to do these procedures. I respectfully request that serious consideration be given to passage of House Bill 929.





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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>AMERICAN ACADEMY OF OPHTHALMOLOGY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: <b>AMERICAN ACADEMY OF OPHTHALMOLOGY</b>		TITLE:	
ADDRESS:			
CITY: <b>SAN FRANCISCO</b>		STATE: <b>CA</b>	ZIP: <b>94109</b>
EMAIL: <b>cjohnson@aao.org</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/11/2025 3:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

March 11, 2025The Honorable Jeff KnightChairman, House Professional Registration and Licensing CommitteeMissouri House of Representatives201 West Capitol AvenueJefferson City MO 65101Dear Chairman Knight and the Members of the Committee:We are writing on behalf of the American Academy of Ophthalmology, the world's largest association of eye physicians and surgeons. A global community of 32,000 medical doctors and surgeons—including over 306 members in Missouri—we protect sight and empower lives by setting the standards for ophthalmic education. We are dedicated to advocating for our patients and the public to ensure the highest standards of patient safety and quality care. It is for these reasons that we respectfully request that you oppose HB 929. This bill places patient safety and quality surgical care at risk in Missouri by authorizing unqualified, non-surgically trained eye care providers—optometrists—to perform delicate eyelid scalpel incisional surgery and laser surgery in and around the eye. This legislation undercuts current standards of medical education and clinical training required to practice medicine and perform eye surgery that has kept Missourians safe for decades. The practice act for a specific midlevel healthcare profession is not the appropriate venue to determine what does and does not constitute the practice of medicine and surgery. Furthermore, HB 929 places the development of training standards for eye surgery in the hands of the state's Board of Optometry, of which there are no medical doctors or trained surgeons as members. By enacting HB 929, Missouri would be creating a two-tiered system of surgical eye care.We are deeply concerned about the prospect of establishing a system of care in Missouri whereby patients from more vulnerable populations are left unaware of the significant difference in laser surgical training between ophthalmologists and optometrists and are therefore systematically sent for care from optometrists with a much lower tier of experience, training, and safety. While facilitating access might seem like a justification for accepting lower quality surgical eye care for some, it must be noted that 89% of the state's population is within a 30-minute drive of an ophthalmologist, while 99.7% is within one hour. We believe that a constructive partnership between appropriately trained ophthalmologists and optometrists is the eye care model that should be advanced in Missouri to safely address current and future care delivery needs. Improvement in surgical technology does not mean that the structures of the eye are more forgiving in terms of damage, imperfect healing or surgical judgment. Technology may improve the speed of surgery but surgical judgement about surgery remains very important with serious clinical decisions to be made. We support the role of optometrists as a valued component of the eye care team, and our members work collaboratively with them daily. However, no matter how well-intentioned the legislators proposing HB 929 are, the truth is that the optometric education model does not provide this vital knowledge base of medical expertise to determine who is and who is not a suitable candidate for surgery or the foundation to safely perform surgical procedures on and around the eye.For these reasons, we respectfully ask that you uphold

Missouri's current high standard of patient safety by opposing HB 929. Thank you for your time and consideration. Sincerely, Stephen D. McLeod, MD  
Repka, MD, MBA Chief Executive Officer

Michael X.  
President



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/12/2025 11:54 PM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>D. SCOTT PENMAN</b>		PHONE NUMBER: <b>573-690-6772</b>	
REPRESENTING: <b>MO SOCIETY OF EYE PHYSICIANS AND SURGEONS</b>		TITLE:	
ADDRESS: <b>BOX 684</b>			
CITY: <b>JEFF CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/12/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>DAVID JACKSON</b>		PHONE NUMBER: <b>314-406-2933</b>	
REPRESENTING: <b>JCMG, MO DERMATOLOGISTS, MO SOCIETY OF ANESTHESIOLOGISTS</b>		TITLE:	
ADDRESS: <b>PO BOX 1865</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/12/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>DR. JIM LUETKEMEYER</b>		PHONE NUMBER: <b>573-635-6044</b>	
BUSINESS/ORGANIZATION NAME: <b>MO SOCIETY OF EYE PHYSICIANS AND SURGEONS</b>		TITLE: <b>PAST PRESIDENT</b>	
ADDRESS: <b>PO BOX 684</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/12/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>GARRETT WEBB</b>		PHONE NUMBER: <b>219-229-1104</b>	
REPRESENTING: <b>MISSOURI CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS</b>		TITLE: <b>REGISTERED LOBBYIST</b>	
ADDRESS: <b>PO BOX 1219</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL: <b>webb@coestrategies.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/12/2025 2:38 PM</b>
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The Missouri Chapter of the American Academy of Pediatrics, representing 1100 physicians, trainees, and pediatric provider members across the state of Missouri, is concerned with removing protections for child health.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JACOB SCOTT</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI STATE ORTHOPEDIC ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/12/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JOHN B HOLDS MD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>jholds@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/11/2025 5:27 PM</b>
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I am a board-certified ophthalmologist (1988) who has been licensed as a physician and surgeon since graduating from medical school in 1983. I have practiced in St. Louis Missouri since 1990, and am a Clinical Professor in the departments of Ophthalmology and Otolaryngology/Head and Neck Surgery at Saint Louis University. I have trained a two-year fellow in oculofacial surgery since 2002, and have trained ophthalmology residents from 1987 to the present. I understand what it takes to be a surgeon. The concept that a field of medicine (optometry) with no multi-year, progressive, preceptored surgical training should be empowered to perform injections of the eye or all sorts of surgery (as long as a laser is employed) is absolutely fallacious, and an exercise in professional hubris, untethered to reality. Last year in testimony on the near identical house bill, a professor of Optometry from UMSL stated that the optometry students had "thousands of hours of hands-on surgical training". I asked a recent UMSL graduate about that in a conference a few weeks later regarding that claim, who stated "that is absolutely false." Apparently this optometry professor believes that examining a patient through a slit lamp for diagnostic examination purposes constitutes "surgical training." Hopefully she believes that in her heart, as it was otherwise perjurious testimony. This would be akin to saying that sitting in a car seat by itself constitutes driver training. The text of this bill is scandalous, as it doesn't for the most part state what a presumed "optometric surgeon" can do, only what they cannot do. There is no public need for optometrists to have surgical privileges. Supporting HB 929 is a disservice to the health and safety of the people of Missouri, and I would encourage all committee members to oppose this dangerous bill.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JONATHAN SCHELL, MD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>drschell@stlvision.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/10/2025 5:53 PM</b>
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My name is Dr. Jonathan Schell. I am a practicing Ophthalmologist in St. Louis. I am the current President of the Missouri Society of Eye Physicians and Surgeons (MoSEPS). I was at the Capitol last Tuesday and had a chance to speak to many legislators about the dangers of this bill. Unfortunately, I cannot be there today in person to express my concerns. The gift of sight and ocular health is precious and one that many of us take for granted. When issues arise, patients should be assured that their surgical care rests in the hands of a duly trained physician and surgeon. Such training is no easy task and requires a 4-year college degree, 4 years of medical school, and 4 years of Ophthalmology residency training. Many of us spend an additional 1-2 years doing surgical training in the form of a fellowship. All of this is undertaken to provide the highest level of care and to "first do no harm". Expanding Optometric scope of practice is a bad solution that is in need of a good problem. It will not improve patient access to care. It will not improve patient safety. It will not save the healthcare system any money. MoSEPS has data showing that nearly all Missouri residents live within 1 hour of an Ophthalmologist. Furthermore, I do not believe there is a single patient in the state of Missouri who would prefer any form of surgery to be done on them by someone who is neither a medical doctor nor a surgeon even if they have to drive a short distance for this. As any surgeon will tell you, there is no such thing as risk free surgery. We have heard horror stories from other states about the wrong lasers being used, prior glaucoma surgical sites being damaged, and risk of multiple surgeries being done when compared to Ophthalmologist standard of care. I personally have seen serious complications following routine laser surgery including high eye pressure, inflammation, retinal tears/detachments, and intraocular lens dislocation. These things can happen even in the hands of a highly trained surgeon and any additional un-called for risk is unacceptable. Optometrist would not be doing any proposed surgical procedures any cheaper than Ophthalmologist and studies would suggest that the risk of retreatment/additional cost would only be elevated. On a personal note, I take particular issue with referring to some surgical procedures as just removing "lumps and bumps". I recently had a small "bump" removed from the internal aspect of my lid that turned out to be basal cell carcinoma and will require additional surgery/reconstruction. Bumps can be cancer and thankfully I was fortunate enough to know this and was able to see the appropriate Ophthalmologist/surgeon. Under this bill, an unsuspecting patient would as easily have ended up in an Optometric office. In addition to my concerns above, I feel the bill itself is flawed. It appears to be a copy and paste of prior bills that don't tell us what Optometrist can do but merely what they can't do. This lends itself to ambiguity and further confusion. I am also concerned about the bills proposal for oversight and regulation being further removed from traditional medical/surgical practice. I respect the profession of Optometry and know they have an important role to play in delivering eyecare to the residents of Missouri but this should not include surgery in any form. They can be vital in providing both pre-operative and post-

**operative care when indicated and surgery should be left to surgeons. Jonathan Schell, MD**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 929</b>		DATE: <b>3/12/2025</b>	
COMMITTEE: <b>Professional Registration and Licensing</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JONATHAN TOVEY</b>		PHONE NUMBER:	
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EMAIL: <b>jonathan.tovey@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/11/2025 9:30 PM</b>
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I am a board-certified ophthalmologist (eye surgeon) who has been licensed as a physician and surgeon since graduating from medical school in 2009. I have practiced in Kansas City Missouri from 2015 to 2024 and am now practicing in Cameron and St Joseph Missouri. Optometry means the measurement of vision and that is exactly what optometrists are trained to do. I have worked side by side with optometrists for over a decade and appreciate their expertise on vision measurement (prescribing glasses, contact lenses, etc) and consider them an invaluable part of patient care in vision. Ophthalmology means the medical science of the eye and its function and diseases and treatments including medical and surgical. If one wishes to become an eye surgeon, one must go to medical school and undertake a rigorous study of medicine with all its nuances for four years. One must then go through an internship and then residency in ophthalmology for a total of four years after medical school. Do optometrists go to medical school? No. Do optometrists go through ophthalmology residency? No? Are optometrists eye surgeons? No! Then why are they asking for surgical privileges without going through the tried-and-true rigors of medical school and eye surgery residency? The desire to take on these injectables, laser, and other non-laser surgeries is a slap in the face to countless years of surgical training to surgeons and an insult to the highest quality of medical and surgical care that our Missourians deserve. Having practiced in rural Missouri over the past year I can tell you firsthand that access to care is not an issue. Our practice has offices in Chillicothe, Cameron, and St. Joe as well as a presence in Maryville Missouri. We are able to see and treat patients in a timely manner and often do same day lasers to accommodate our patients even though that may mean lower reimbursements for us. We are indeed a patient-first practice and specialty. I personally testified last year against a similar bill in this committee and heard claims that optometrists are just as good as ophthalmologists and receive countless hours of surgical training. This is absurd. I fear that complications will skyrocket if this bill passes and ophthalmologists will be inundated fixing these problems that never should have occurred in the first place. Surgery by surgeons is the motto of the Missouri Society of Eye Physicians and Surgeons. This is the safest for Missourians. This is how Missourians will receive the best quality care. I would never dare ask to fly a plane without getting my pilot wings and passing all the necessary courses, hours of flight training, etc and yet that is exactly what optometrists are asking. Optometrists are not surgeons and therefore should not, no, must not be granted surgical privileges until they go to medical school and complete an ophthalmology (eye surgery) residency. I wholeheartedly oppose HB 929 as it is dangerous to the ocular health of Missourians. I encourage all who value safety and quality in the delivery of surgical eye care in the great Show Me State to do the same. Thank you for your time and consideration.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RACHEL BAUER</b>		PHONE NUMBER: <b>573-619-1663</b>	
REPRESENTING: <b>MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS</b>		TITLE:	
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EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/12/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SABIN DANG</b>		PHONE NUMBER:	
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EMAIL: <b>sdang@rc-stl.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/10/2025 4:53 PM</b>
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Statement in Opposition to House Bill 929 My name is Sabin Dang, MD, and I am a vitreoretinal surgeon practicing in St. Louis, Missouri. In vitreoretinal surgery, we specialize in the care of the most advanced eye diseases. While I have deep respect for the role optometrists play in providing primary eye care, I must strongly oppose the provisions of this bill as surgical procedures should be reserved for surgeons. House Bill 929 attempts to identify a set of procedures outside the scope of optometry, yet such an approach inevitably creates ambiguity as new techniques and technologies emerge. By using an itemized exclusion list, procedures that are still in development—or that simply have not been thought of yet—could erroneously fall within the optometrist’s allowed scope. This framework underestimates the complexities and ever-evolving nature of medical practice. Proponents may argue that it merely expands optometrists’ ability to manage “lumps-and-bumps,” but there are no simple procedures when operating in such a delicate structure as the eye. A small bump on the eye might appear benign; however, if, upon attempting removal, an optometrist discovers an invasive malignant tumor, they could be far beyond their training. Stopping mid-procedure or proceeding without the necessary expertise puts the patient at significant risk. In situations where each second—and each decision—matters, only a fully trained surgeon is properly equipped to navigate unexpected complications and ensure patient safety.\*\* Local Anesthesia Can Have Serious Systemic Consequences The orbit (eye socket) has direct communication with the brain. Even though this bill forbids optometrists from administering general anesthesia, it allows them to administer local anesthesia. A known, rare but fatal complication of local anesthesia around the eye is the inadvertent delivery of an anesthetic agent into the brainstem, causing immediate respiratory failure. Managing such a scenario requires the swift recognition of systemic complications and the medical expertise to stabilize and protect a patient’s airway—training that is far beyond the scope of optometric education.\*\* Risk of Intraocular Injections This bill could enable optometrists to perform injections into the eye. Correct and safe placement of intraocular injections demands not only understanding the eye’s internal structures, but also years of training in managing complications such as intraocular infection or hemorrhage. Retina specialists undergo: 4 years of medical school 1 year of post-graduate general medical or surgical training 3 years of ophthalmology-specific surgical training An additional 2 years of vitreoretinal surgical fellowship This rigorous pathway ensures the expertise to handle intraocular procedures and any resulting complications effectively. For these reasons, I urge the members of this legislative body to safeguard Missourians’ vision and health by opposing House Bill 929 in its current form. The care of patients with complex or potentially vision-threatening eye conditions must remain in the hands of properly trained surgeons who have completed the necessary medical and surgical education to manage both the procedure and any unforeseen complications. Respectfully submitted, Sabin Dang, MD



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SHANA ROSE, MD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
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EMAIL: <b>shanawrose@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/11/2025 5:57 PM</b>
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I am a comprehensive ophthalmologist who has been practicing for 12 years in Missouri. I am concerned at the push to expand the scope of practice of optometrists to include lasers and small lid lesion removal procedures. It takes years of training to appropriately diagnose and treat these conditions. I cannot count the times a patient has been sent to me for cataract surgery and there is some other cause of vision loss which is irreversible and has been missed by their referring optometrist. If one cannot accurately diagnose glaucoma, how can we allow them to make decisions as to when to employ lasers for treatment? If one cannot recognize an eyelid malignancy, how can one know how to appropriately treat or refer said lesion? As part of the current scope expansion bill, optometrists are asking for permission to perform eyelid surgery. This would involve the excision of eyelid lesions. While this may seem like a simple clinical task, I have seen patients who have been told they have a harmless eyelid lesion and don't need a referral for several years. This can lead to catastrophic cases of advanced eyelid cancers in patient who should have received care much earlier. This demonstrates that optometrists do not have adequate training to determine if an eyelid growth is suspicious for skin cancer. If optometrists were allowed to perform lesion excisions, and have authority to decide if tissue needs to be sent to the pathologist as a biopsy specimen or not, this will undoubtedly lead to more missed cancer diagnoses. In addition, meticulous surgical skill is needed to prevent scar tissue formation that can interfere with normal eyelid closure. I find it shocking that individuals with no general surgical training (like we have during medical school), and no specialized eyelid surgical training feel that they could safely perform such procedures after a few hours of watch-and-learn. Dermatologists and plastic surgeons often refer these to Oculoplastics specialists because they do not feel that their skills are adequate to perform excisions of eyelid lesions in spite of their many years of training and surgical expertise. The difference is that they appreciate how delicate the eyelid anatomy is, and how small the margin of error. As eye care professionals, optometrists are capable to practice within the extent of their training, to perform basic eye care services such as vision exams and prescribing glasses and contact lenses. They are not, however, physicians or surgeons and have not received the necessary education and clinical training required to perform eye surgery. Ophthalmologists on the other hand spend eight years (after undergraduate studies) and nearly 20,000 hours of education and clinical training. The competence and judgement to perform eye surgery is learned through four years of medical school, a one- year hospital internship, and a three-year surgical residency before ophthalmologists can practice on their own. Nearly half of ophthalmologists go on for another one- or two-year surgical fellowship. This intense training includes treating live patients with real eye conditions under the direct supervision of an attending physician and provides ophthalmologists with the required foundation to ensure patient safety and high standards of quality care. Optometry school does not provide the necessary level of education and training to perform surgery – including laser surgery- on the eyes or eyelids of our patients and their

loved ones. Currently, Missouri citizens can access quality care from both ophthalmologists and optometrists when needed. It is vitally important, however, that patients are treated by the right provider for the right conditions. Patient safety should always be our number one priority. Therefore, I strongly urge you to vote "No"





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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>STEVEN COHEN</b>		PHONE NUMBER:	
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EMAIL: <b>stevenrosscohen@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/11/2025 11:52 PM</b>
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My name is Dr. Steven Cohen. I am a practicing board-certified ophthalmologist serving patients in Kansas City and the surrounding areas since 2015. I graduated medical school in 2009 and went on to complete a one year medical internship followed by three years of ophthalmology residency. I then went on to complete an additional two years of fellowship training in vitreoretinal surgery. Providing ophthalmic care for patients is both complex and rewarding. Vision is an incredibly important sense, and when something goes awry, patients can be terrified. It is our job, as physicians, to treat that patient, the whole patient, to the best of our abilities. And, if our abilities are not suited to those patient's needs, we get them to the appropriate doctor. Ocular care, and the eye in general, is more nuanced and sub specialized than many realize. This is due to complex, microscopic anatomy, serving numerous functions within a small organ. As a result, this tissue is incredibly sensitive. These factors are part of the reason procedures related to the eye and surrounding structures require years of hands-on surgical training. I have tremendous respect for the field of optometry and the service optometrists provide patients. I share many patients with optometrist and they are often integral to their care. However, the idea that they are properly trained to safely perform the proposed procedures (or technically the procedures not excluded in this bill) is grossly misinformed. This bill should be adamantly opposed for numerous reasons. First of all, there are no unmet care needs that this bill will help fulfill. There is simply no need for optometrists to be performing these procedures. Secondly, and most important, passage of this bill would without a doubt harm patients and their vision. Patient safety is at serious risk if this bill would pass. Complications happen with surgery. Only proper training can teach someone how to mitigate the risks and handle complications should they arise. I urge you, as you hear this bill, to think about how you would want yourself or your family member treated. If your vision was at risk, who do you want manipulating the tissue that allows you to see? Every Missourian should be entitled to that level of care. Thank you for your time and consideration.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>STEVEN SHIELDS MD</b>		PHONE NUMBER: <b>573-691-5707</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE: <b>MEMBER</b>	
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CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/12/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>TIMOTHY MCGARITY, MD</b>		PHONE NUMBER: <b>573-268-7478</b>	
BUSINESS/ORGANIZATION NAME: <b>RESTORATION EYE CARE; MID-MISSOURI SURGERY CENTER</b>		TITLE: <b>OPHTHALMOLOGIST; OWNER</b>	
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CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65203</b>
EMAIL: <b>tim@restorationeyecare.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/10/2025 9:30 PM</b>
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The proposal to allow optometrists to perform YAG laser capsulotomy and selective laser trabeculoplasty (SLT) is a serious patient safety issue because these procedures require precise surgical skills, a deep understanding of ocular pathology, and hands-on surgical training—none of which optometrists receive in their current education. Why This is a Major Concern for Patient Safety

YAG Laser Capsulotomy (for Posterior Capsule Opacification) • Requires precision to avoid retinal damage: • This procedure uses a neodymium-doped yttrium aluminum garnet (Nd:YAG) laser to create an opening in the posterior capsule after cataract surgery. •

A misplaced shot can cause retinal detachment, cystoid macular edema, or intraocular inflammation—complications that require immediate management by an ophthalmologist. •

Optometrists lack hands-on training in cataract surgery and its complications. •

Ophthalmologists perform thousands of cataract surgeries in residency and are trained to recognize and manage complications. 2. Selective Laser Trabeculoplasty (SLT for Glaucoma)

• Can cause an intraocular pressure (IOP) spike or severe inflammation.

• If the laser energy is misapplied, it can lead to acute IOP spikes, corneal burns, or permanent trabecular meshwork damage. • Managing these complications

requires knowledge of ocular pharmacology, anterior segment surgery, and long-term glaucoma management—skills optometrists do not acquire through their training. •

Optometrists are not trained in the full surgical management of glaucoma. • SLT is only one part of a broader glaucoma treatment strategy, which may include incisional surgeries (trabeculectomy, tube shunts) if SLT fails. • Patients deserve to have a provider

who understands the full spectrum of glaucoma care. Comparison of Training:

Ophthalmologists. vs.

Optometrists Medical School

4 years

None Residency

3+

years (including surgery)

None Surgical Training

None Laser Procedure

Training Hands-on, real

Limited

classroom exposure,

patient

experience

no formal

residency Manage of Complications Extensive training

Limited to referrals Key Arguments Against This Bill 1. Insufficient Surgical Training for Safe Laser Use

• YAG and SLT require surgical precision, risk assessment, and complication management—all of which come from residency training, not optometry school. •

Book learning and weekend courses do not substitute for hands-on experience in a

surgical residency.2. Increased Risk of Harm to Patients • A misplaced YAG shot can permanently damage the eye, leading to retinal detachment or irreversible vision loss. •

SLT misapplication can cause a dangerous IOP spike that needs immediate intervention—something an optometrist may not be equipped to handle. • Who manages the complications? If an optometrist performs SLT and causes an IOP spike or YAG and causes a retinal detachment, they will need to refer the patient to an ophthalmologist—delaying urgent care.3. No Emergency Backup for Surgical Mistakes • Ophthalmologists have hospital and surgical privileges to handle complications. • Optometrists do not have hospital privileges, meaning that if they perform a laser procedure and something goes wrong, the patient may have to go to the ER or wait for a referral.4. Patient Confusion and Misinformation •

Patients may not understand the difference between an optometrist and an ophthalmologist, mistakenly believing both are surgeons. • If optometrists are granted laser privileges, patients may unknowingly receive laser procedures from providers with vastly different levels of training.Final ThoughtsThis bill is a direct patient safety risk, and you're absolutely right to fight against it. Optometrists are essential in eye care, but they are not surgeons. Allowing them to perform YAG laser capsulotomy and SLT without proper training endangers patients and sets a dangerous precedent for non-surgeons performing eye procedures.